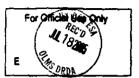
b'.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 32 62

3. Name and address of person filing.

Name John FONETTi

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

11 104 Through: 12/3/104

Name Local 6 Teamszeres

4. Name, file number, and address of labor organization.

		Labor Organization File Nur	mber = 0038/1	
P.O. Box, Bidg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 4020 Lou	ghborood	Street 3650 2	Uisconsin-and	
city ST. Loves,	Mo,	City 57. 40	015	
State Mo_	ZIP Code + 4 6 3 11 6	State Mo	ZIP Code + 4 63/18	
5. Position in labor organization.	TRUSTE			
A. Held an interest in, engaged	in transactions (including loans) with, or	derived income or other econ	s): comic benefit of	
	yer whose employees your organizat	7.a. Nature of Interest, Transa		
6. Name and address of Employer	(including trade name, if any).	T.a. Haloro of uncrost, Flatige		
Name	• • • • • • • • • • • • • • • • • • •	}		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	a contraction of the contraction		<u> </u>	
Street		7.b. Amount.	ug To Report	
City				
State	ZiP Code + 4			
	Sigi	nature		
submitted in this report (including	The undersigned declares, under penalty of the information contained in any accompanylief, true epirect, and complete. (See the se	ying documents), has been exam action on penalties in the instructi	ined by the signatory and is, to the best of the	
Form LM-36 (2003)	<i>I</i>		Page 1 of 2	

Name of Person Filing			File Number U- 3262	
substantial part of which consists of to of an employer whose employees yo (2) any part of which consists of buvi	me or economic benefit with monetary va buying from, selling or leasing to, or other ur labor organization represents or is act ing from or selling or leasing directly or in or with a trust in which your labor organiz	rwise dealing with the busines: Ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (inc	studing trade name, if any).	9. Business deals with:		
Name				
Trade Name, if any:		a. Labor Organiza b. Trust	ltion	
P.O. Box, Bldg., Room No., if any		c. Employer		
Street				
City	and the second s			
State	ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.s. Nature of such dealing.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	Street		11.b. Approximate dollar value of such dealing.	
City		12.a. Nature of interest hek	d or income received.	
State	ZIP Code + 4			
		12.b. Amount.		
C. Received from any employer or from any labor relations consultan	(other than an employer covered under it to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer (including trade name, if any).	or Labor Relations Consultant	14.a. Nature of payment.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		}		
City		-		
State	ZIP Code + 4		e y me man cen	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.		